3878

## CERTIFICATE OF DEATH

al fill	1. PLACE OF DEATH							TRAR'S NO.	32	
04 04					j 2. USUAL	RESIDENCE	WHERE D	ECEASED LIVED	<del> </del>	<del></del>
E OF. DEATH	A. COUNTY G11a				A. STA	<sup>TE</sup> Arizona	IF INSTITU	TION: RESIDEN	CE BEFORE	ADMISSION).
7/ 10	B. CITY HE OUTSIDE	CORPORATE 114	YE WEITE L C	LENGTH OF ST		ALTZORA	! 	. B. CO	G119	
AND 19	OR	RURAL)	ואו	THIS PLACE IN ARI	ZONA C. CITY	(IF OUTSIDE	CORPORATE	LIMITS, WRITE	RURALI	
X	TOWN rural			life lif		N: (1) -1- a				
L'RESIDENCE	D. FULL NAME OF	LIE NOT IN HOSE	UTAL OD INCTIT	TITE I TITE	8	GTODE		<u>.</u>		
/	HOSPITAL OR	TIADDRESS OR A	CATION: 10	UTION, GIVE STREE	D. STR	EET DRESS		(IF RURAL,	GIVE LOCAT	TION
<u> </u>	INSTITUTION	urdiman pr	J-70 TZM	iles West M	iami 542	Willow St	root			9
'	3. NAME OF A.	(FIRST)	В. (МІ	DOLEI	C. (LAST)	HITTOW OF	Teer	4. SEX		
1	DECEASED N	leal .		Rabogli				_		R OR RACE
	TAMPE OR PRINT			wanoarr	arri			male	white	19
1	6. MARRIED [		RTH B.	AGE	IF UNDER 2	4 Hours	IGA HISHA	OCCUPATION	1 CIVE KIND	<del></del> }
CEDENT	NEVER MARRIED TO WIDOWED DIVORCED	YS HOURS	PA. USUAL OCCUPATION (GIVE KIND OF WORK HOURS HOURS HOURS HOURS HOURS HIN. HE WEN IF RETIRED I.							
CEDENT 1	moved bronder by July 26 [1915] 35 11 11   **   **   teaching highschool									
RSONAL	98. KIND OF BUSI. NESS OR INDUSTRY	10. BIRTHPLAC	CE (STATE 11.	CITIZEN OF WHA		CEASED EVER 1	N U. S. AR	MED FORCES?	Is soci	L SECURITY
. 4 4		OR FOREIGN		COUNTRY	17E5, NO. OR	UNKNOWN: (IF Y	ES. WAR OR I	ATES OF SERVICE	NO.	SE SECURITION
DATA /ろご	teacher	Globe, Ar		J. S. A.	<u> </u>	Wo	rld Wa:	r %1 ′	1526-20	3524
1-0	14A. FATHER'S NAME	Ē	14B.	BIRTHPLACE	15A, MOT	HER'S MAIDE	N NAME		[158. BIRT	
26	Domenick Rabogliatti Italy					I <u> </u>				OR COUNTRY!
	16 INFORMANTA SIG	Tagne	Isabella Perino							
	10111 11/1/2 310	MATURE	11 -	ADDRESS	17. DATE	2	LMONTH	·	AY	YEARI
	March 1. Kabrolle	X: 1510	ther GI	ale atris	OF DEAT	Inlu	7, 1953			
oc -	18. CAUSE OF DEATH	1		MEDICAL			7, 130	r orraid		
- Ciliil	ENTER ONLY ONE CAUSE				CERTIFICATIO				INTERVA	L BETWEEN
CAUDE 174	PER LINE FOR (a). (b).		R CONDITIONS	EATHE (a	10/0 /	eeiden	/T		UNSET	ND DEATH
CAUSE	1C1-				<del></del>	- UI VEN	<u> </u>		-	
OF A	THIS DOES NOT MEAN	ANTECEDENT	CAUSES		<i>[</i> -2	10		1_		
	THE MODE OF DYING. SUCH AS HEART FAIL. MORBIO CONDITIONS, IF ANY, GIVING DUE TO (b) WORD CONDITIONS, IF ANY, GIVING DUE TO									
DEATH 4	URE. ASTHENIA, ETC. RISE TO THE ABOVE CAUSE (A) STAT.									
TEM 18) - //	IT MEANS THE DISEASE ING THE UNDERLYING CAUSE LAST.									
- III 10. //	TION WHICH CAUSED DUE TO (C)									
· *	DEATH.	II. OTHER SIGNIFICANT CONDITIONS								
	PLACE DISEASE CON- TRACTED. CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.									
2 A TIONS I	19A. DATE OF OPERA			INGS OF OPERAT			······································		<del> </del>	
RATIONS,	-			MOS OF OFERAL	ION				20. AUTO	DPSY!
JTOPSY L									YES [	No to
.EATH 7/1	21A. ACCIDENT	(SPECIFY)	1 216	. PLACE OF INJL	JRY (F. G. AN OR	ABOUT HOME	216 (61)	Y OR TOWN	<u> </u>	
EATH 7/	SUICIDE HOMICIDE	Man ! la	. <b></b>	FARM, FACTORY,	STREET, OFFICE E	LDG., ETC.1	210. (01)	1 OK TOWNS	I COUNTY;	ISTATE
UE TO OU		GCC 100	NI.	HIGH W	AU		MIA	MI	a: [a	6-3
TERNAL 9	21D. TIME (MONTH)	(DAY) (YEAR)	(HOUR) 21E.	INJURY OCCUR		DID INJURY	OCCUR?	,	7/12	2017
DLENCE 2	INJURY LA	7-51 9	WHIL					•		
		<del>/ •</del> / · · '	M WOR	AT WOR	· 🗓					
:DICAL	22. I HEREBY CERTIFY	THAT I ATTENDE	D THE DECEASES	S EBOW	••					<del></del> 🖫
,	41-					. то	19_	THAT I L	AST SAW TH	E DECEASED
DRONER'S	SA GENETIPE -	15 A!	D THAT DEATH	OCCURRED AT	M., FROM THE	CAUSES AND C	N THE DATE	STATED ABOV	E	\$1 <u>}</u>
FICATION	Zic. J.Silvion	A - 17	(DEGREE O	R TITLE)	23B. ADD	RESS			23C. DA1	E SIGNED
	XOPIN CO	muu	11 - G	Oroner	NI	2 M I			クンダ	
	26/A. BURIAL []	248. DATE	1 240	. NAME OF CEM	ETERY OF CRE	AATODY I	245		10	<u>-9/</u> [6
NERAL / A	CREMATION		053   03			MAIORI		ATION (CITY.		TTY   ISTATE
LECTOR / 4	Globe, Arizona.									
AND	25A, DATE REC'D BY	25B. REGISTRA	AR'S SIGNATU	RE	1/26. FUNE	AL DIRECTOR		_		<del></del>
ISTRAR	LOCAL REG.				1/0	7.		" // 4	U.D. ^25	ORESS
4	(1/1	/	- /	$\setminus / \cap / \cdot$	o server sa	uner W	wire	ex M	ove es	your
				\ / UF /	/% "27. EMBAI	-MER'S <u>S</u> IGNA	TURE	14	•	Acor
	Value Branch	/	<i>}</i>	$X / \mathbb{Z} = \mathcal{U}$		/ . <b>/</b> ~ ~		·/F:	* (	PERI. NO.
	July 9 1457	$\langle \times \rangle$	Essi 1	O/ Must	1	266		20	) ج دانشدي	MEHI. NO.
	July 9 1457	$\triangle$	Essie!	1) refly (2)	wellen	MA		aly	20	S A
9 2 32	Joby 9 1457	FORM VS 2 REV.	ECSLIC!	1) refly	Ma	MA		aly	29	FA.